

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-046508

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1925

FILED JAN 7 1963

1. PLACE OF DEATH

a. COUNTY GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SPRINGFIELD

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY CEDAR

c. CITY OR TOWN STOCKTON

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BAPTIST HOSP.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
ROUTE # 1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
ELMER EARL BURNS

4. DATE OF DEATH
Month Day Year
DEC. 28 1962

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9/18/10

9. AGE (last birthday)
52

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
STOCKTON, MO.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

LAWRENCE BURNS

13b. MOTHER'S MAIDEN NAME

CLARA CRANE

14. NAME OF HUSBAND OR WIFE

JEWEL BURNS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT Address
JEWEL BURNS, STOCKTON, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary embolus

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

unknown cause

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Brain tumor

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 17, 1962 to Dec. 24, 1962 and last saw her alive on Dec. 24, 1962
Death occurred at 11:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert E. Huffelbaum M.D.

22b. ADDRESS

Springfield Mo

22c. DATE SIGNED

12-31-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

12/30/62

23c. NAME OF CEMETERY OR CREMATORY

CAPLINGER MILLS CEM.

23d. LOCATION (City, town, or county)

CEDAR COUNTY, MO.

(State)

24. FUNERAL DIRECTOR

H.H. LOHMEYER FUNERAL HOME
SPRINGFIELD, MO.

ADDRESS

25. DATE RECD. BY LOCAL REG.

1-4-63

26. REGISTRAR'S SIGNATURE

Effie S. Matton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

5961 S NUR

permet Dec 30, 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frederic T. Shadley

Licensed Embalmer No. 4875

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.